

<i>SERFF Tracking Number:</i>	<i>UHLC-126528507</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company of the River Valley</i>	<i>State Tracking Number:</i>	<i>45089</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>AR UHC River Valley Benefit Summary</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: UnitedHealthcare Insurance Company of the River Valley

Product Name: AR UHC River Valley Benefit Summary SERFF Tr Num: UHLC-126528507 State: Arkansas

Summary

TOI: H21 Health - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 45089
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Sub-TOI: H21.000 Health - Other	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Rosalind Minor

Author: Ebony Terry	Disposition Date: 03/08/2010
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Date Submitted: 03/04/2010	Disposition Status: Approved-Closed
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Implementation Date Requested: On Approval	Implementation Date:
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State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type:	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 03/08/2010	Explanation for Other Group Market Type:
	State Status Changed: 03/08/2010
Deemer Date:	Created By: Ebony Terry
Submitted By: Ebony Terry	Corresponding Filing Tracking Number:
Filing Description:	
AR UHC River Valley Benefit Summary	

Company and Contact

Filing Contact Information

Ebony Terry, Compliance Analyst
4 Taft Court

Ebony_N_Terry@uhc.com
301-838-5611 [Phone]

SERFF Tracking Number: UHLC-126528507 State: Arkansas
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 River Valley
 Company Tracking Number:
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 Product Name: AR UHC River Valley Benefit Summary
 Project Name/Number: /

Rockville, MD 20850 301-838-5676 [FAX]

Filing Company Information

UnitedHealthcare Insurance Company of the CoCode: 12231 State of Domicile: Illinois
 River Valley
 1300 River Drive, Suite 200 Group Code: 707 Company Type: Health
 Moline, IL 61265 Group Name: State ID Number:
 (309) 765-1485 ext. [Phone] FEIN Number: 20-1902768

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company of the River Valley	\$50.00	03/04/2010	34605768

SERFF Tracking Number: *UHLC-126528507* *State:* *Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/08/2010	03/08/2010

SERFF Tracking Number: *UHLC-126528507* *State:* *Arkansas*
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Disposition

Disposition Date: 03/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Benefit Summary	Approved-Closed	Yes

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Form Schedule

Lead Form Number: UHIC RV AR HybridRx Ben Sum 02/10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/08/2010	UHIC RV AR HybridRx Ben Sum 02/10	Outline of Coverage	Benefit Summary	Initial			AR RV Hybrid_Adv Rx Ben Sum Template Rev 0217.pdf

Prescription Drug Benefits At-A-Glance

Benefit Features

Member Responsibility

Your copayment is determined by the tier to which the Prescription Drug List Management Committee has assigned the prescription drug product. All prescription drug products on the Prescription Drug List are assigned to Tier 1, Tier 2[,] [or] Tier 3 [or Tier 4].

Use with HDHP combined Med/Rx plans: [The applicable deductible as shown in the Medical Schedule of Benefits must be met before UnitedHealthcare begins to pay for prescription drug products covered under this Prescription Drug Benefits At-A-Glance.]

[Drug Deductible (Calendar year)[\$50 - \$1,000] Single/[\$100 - \$1,500] Family]

Prescription Drug Products

Tier 1	[\$5 - \$50][copayment][50%-100%][coinsurance][after [drug][medical] deductible]
Tier 2	[\$10 - \$75][copayment][50%-100%][coinsurance][after [drug][medical] deductible]
Tier 3	[\$20 - \$100][copayment][50%-100%][coinsurance][after [drug][medical] deductible]
[Tier 4.....	[\$30 - \$150][copayment][50%-100%][coinsurance][after [drug][medical] deductible]]

Birth Control

Tier 1	[\$5 - \$50][copayment][50%-100%][coinsurance][after [drug][medical] deductible]
Tier 2	[\$10 - \$75][copayment][50%-100%][coinsurance][after [drug][medical] deductible]
Tier 3	[\$20 - \$100][copayment][50%-100%][coinsurance][after [drug][medical] deductible]
[Tier 4.....	[\$30 - \$150][copayment][50%-100%][coinsurance][after [drug][medical] deductible]]

Definitions

Application of Drug [Copayment] [Coinsurance]

Use with non-HDHP Rx plans:

- Drug [deductibles] [and] [copayments] [and] [coinsurance] for prescription drug products do [not] apply toward the medical deductible or maximum out-of-pocket expense.
- [A family drug deductible is reached from drug deductible amounts accumulated on behalf of any combination of two or more family members.]
- [The drug deductible is administered on a calendar year basis and there is no credit for amounts paid in the prior calendar year.]
- You will be responsible for [[one, two, two and a half, three]] [copayments] [after the applicable drug deductible has been met] for each 90-day supply prescription fill or refill purchased at a retail pharmacy or by mail order.]

Use with HDHP Combined Med/ Rx plans

- You will be responsible for the coinsurance after the applicable medical deductible has been met for each 90-day supply prescription fill or refill purchased at a retail pharmacy or by mail order.

- Drug coinsurance for prescription drug products do apply toward the medical maximum out-of-pocket expense.]

Limitations

Prescription quantity shall be limited to the amount ordered by the attending physician. Quantity per prescription fill or refill shall not exceed a 31-day supply or such other day supply as authorized by UnitedHealthcare. However, items on the 90-day supply list may be dispensed in quantities up to a maximum of 90-day supply through retail pharmacy or by mail order. UnitedHealthcare reserves the right to establish criteria and require prior authorization for certain prescription drug products.

Specialty prescription drug products supply limits are as written by the provider, up to a consecutive 31-day supply of the specialty prescription drug product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. Supply limits apply to specialty prescription drug products whether obtained at a retail pharmacy or through a mail order pharmacy.

Some prescription drug products or pharmaceutical products for which benefits are described under this prescription drug rider or Subscriber Agreement or Summary Plan Description are subject to step therapy requirements. This means that in order to receive benefits for such prescription drug products or pharmaceutical products you are required to use a different prescription drug product(s) or pharmaceutical product(s) first.

Also note that some prescription drug products require that you notify us in advance to determine whether the prescription drug product meets the definition of a covered service and is not experimental, investigational or unproven.

If you require certain prescription drug products, we may direct you to a designated pharmacy with whom we have an arrangement to provide those prescription drug products. If you are directed to a designated pharmacy and you choose not to obtain your prescription drug product from the designated pharmacy, you will be subject to the non-network benefit for that Prescription Drug Product.

Benefit Exclusions

Non-covered items include, but are not limited to: medications available over the counter (OTC), unless (1) such OTC medication has been designated by UnitedHealthcare as eligible for coverage as if it were a prescription drug product, and (2) such OTC medication is obtained with a prescription from an attending physician • compounded prescriptions • growth hormones • therapeutic or prosthetic devices • drugs used for cosmetic purposes • drugs used to enhance physical or mental performance • treatment or supplies to promote smoking cessation • dietary supplements, medications or treatment used for appetite suppression or weight loss, and nutritional formulas and supplements • general vitamins • medication for the treatment or enhancement of sexual performance or function • drugs used for the treatment of infertility • drugs used for experimental purposes.

This document is provided as a brief summary and is not intended to be a complete description of the benefit plan. After you become covered, you will be issued an evidence of coverage (Certificate of Coverage or Summary Plan Description) describing your coverage in greater detail. The evidence of coverage will govern the exact terms, conditions, and scope of coverage. In the event of a conflict between this *Prescription Drug Benefits At-A-Glance*, and the evidence of coverage, the language of the evidence of coverage controls.

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	03/08/2010
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	03/08/2010
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	03/08/2010
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	03/08/2010
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	03/08/2010
Comments:			
Attachment:			
Benefit Summary Cover.pdf			

March 04, 2010,

Via U.S. Mail

Rosalyn Minor

Arkansas Insurance Department

1200 West 3rd Street

Little Rock, Arkansas 72201

NAIC: 12231 UnitedHealthcare Insurance Company of the River Valley

Form # UHIC RV AR HybridRx Ben Sum 02/10

Dear Ms. Minor,

On behalf of UnitedHealthcare Insurance Company of the River Valley, please accept this correspondence as a submission of the above referenced Benefit Summary Form for the Arkansas Insurance Department's ("the Department") review.

This submission has been submitted electronically via SERFF and United Healthcare of Arkansas, Inc. recognizes that we may not implement this form until and unless approval has been granted. Should the Department have any immediate concerns or questions regarding this submission, please feel free to contact me at 240.632.8056, through the SERFF messaging system or at Ebony_N_Terry@uhc.com.

Respectfully,

Ebony N. Terry

Compliance Analyst

Enclosure

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